

Good morning,

Dear members of the Insurance Committee, I am a voter in Norwalk and wish to express my support for SB1085. The insurance gap for behavioral healthcare affects equity and quality of care.

During my seven years in recovery from mental health issues, I have had first private, and now public, health insurance, and I have learned first-hand the disparity in coverage and quality of care that these two options offer.

There are so many wonderful services available that I could not have accessed and had not even heard of while on private insurance through my parents - services offered through Young Adult Services (DMHAS-YAS), for example. In the private sector, there is no "Young Adult Services" - there are no services tailored for the transition to adulthood, where we can be with our peers as we learn to adjust to adult life in recovery. The need for YAS ultimately comes down to having a structured community to help us balance society's expectations of adulthood with the reality of our behavioral health issues, while staying true to our individuality. This adjustment has less to do with giving up on things like completing school and getting a job, and more to do with achieving these goals at a pace that does not compromise our wellness. Supported education, supported housing, and staff specializing in Young Adult Services are key to providing us the support we need in the transition from minors in the care of our parents (or the state) to fully independent adults. This is simply not available through private insurance.

On the other hand, I've found that the quality of care for in-patient hospitalization is better at private facilities. While I had private insurance I was able to go to a private hospital for in-patient hospitalization, where I received better quality treatment with more programming than I had when I more recently self-admitted through the ER at my local hospital. At the private hospital, with group therapy around different themes throughout the day and a psychiatrist and social worker that were on my case throughout my stay, I was able to do the self-work I needed with the support of staff (and fellow patients) so that I was ready to leave. At the psychiatric unit at my local hospital, by contrast, programming was thread-bare, with few group sessions and no consistency in which staff handled my treatment. I was discharged much sooner, as that was simply the level care available and I had "maxed out" on what they could offer. I did not feel stronger and better prepared than when I had been admitted, and there was nothing the staff where able to do or offer me. I have watched this be the case with friends and peers, as well.

I hope you will consider this, and what I'm sure are similar experiences from others who are contacting you today, when you vote on SB1085. Please vote to strengthen equity in insurance coverage for behavioral health services.

Thank you,

Vered

Vered Brandman

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"You'll always miss 100% of the shots you don't take." (Wayne Gretzky)

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